

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Kazunori KUSANO

Confirmation No. : 3526

Group Art Unit : 3732

Appl. No. : 10/527,338

(U.S. National Stage of PCT/JP2004/13553)

Examiner : Singh

I.A. Filed : September 16, 2004

For : A KIT FOR DIAGNOSING PULP EXPOSURE AND A PROBE SYRINGE

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents

U.S. Patent and Trademark Office

Customer Service Window, Mail Stop AMENDMENT

Randolph Building

401 Dulany Street

Alexandria, VA 22314

Sir :

Further to Applicant's Information Disclosure Statement and In accordance with the duty of disclosure under 37 C.F.R. §1.56 and §§1.97-1.98, Applicant hereby brings to the attention of the Examiner an Office Action issued July 31, 2007 by the Japanese Patent Office (copy enclosed with English translation) in connection with the counterpart Japanese application.

JP 60-103954 A accompanied by an English abstract

WO 2004/028626 A1 and family member JP 2006-500133 A, accompanied by family members US Patent Publication No. US2006/234189 A1 and U.S. Patent No. 7,156,656

WO 99/12050 A1

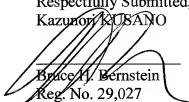
JP 2001-112782 A accompanied by an English abstract.

Copies of the above-noted documents, except for copies of U.S. patents and publications and previously cited WO 99/12050 (which was cited in the Information Disclosure Statement), are enclosed together with a duly completed Form PTO-1449. The Examiner is accordingly requested to consider each of these documents, and to make them of record in this application by initialing in the appropriate spaces on the Form PTO-1449. Applicant respectfully requests that the Examiner include a copy of the initialed Form PTO-1449 with the next communication from the U.S. Patent and Trademark Office.

Applicants authorizing the charging of the fee for consideration of an Information Disclosure Statement after the mailing of a first Office Action on the merits. Moreover, if any fee is required for consideration and/or entry of this Information Disclosure Statement, authorization is provided to charge any required fee to Deposit Account No. 19-0089.

Should there be any questions, the Examiner is invited to contact the undersigned at the below listed telephone number.

Respectfully Submitted,  
Kazunori KUSANO



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October 10, 2007  
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